

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18908

FILED JUN 11 1943
Registration District No. 3060

Primary Registration District No. 3060

Registrar's No. 271

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 578 yrs. 2 mos 9 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN A. NEIDERT

3. (b) If veteran, name war 1918-24-1310
3. (c) Social Security No. 198-24-1310

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma New Neidert 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased March 13 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Director

11. Industry or business

12. Name Adam Neidert
13. Birthplace St. Francois Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Weber
15. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Neidert
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem., Farmington, Mo.
18. (a) Signature of funeral director M. J. Neidert
(b) Address Farmington, Mo.
19. (a) May 24 1943 (Date received local registrar) (b) Byrdie Bukhmaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington 94
(If outside city or town limits, write "RURAL")
(d) Street No. 311 W. College 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased By Inquest
Sluttes, 19, to, 19, that I last saw h. alive on, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack
Purely Venous; deceased came to his death by natural causes
dragged along by a chronic
and acute heart condition
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Clarence Claywell (M.D. or other)
Address 312 Central Bank Bldg Date signed 5-22-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1945

APR 11 1945

APR 11 1945

ED

District Health Officer No. 4
District File Number 643-2263
Date Filed 6-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Burl J. Miller
Licensed Embalmer No. 3752
P. O. Address Framington, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.